

Revised East Kent Hospitals University NHS Foundation Trust C. difficile Recovery Plan – July 2014


Background

The C.difficile objective for EKHUFT in 2013 – 2014 was 29 cases and in April 2013, the IP&CT developed a plan of actions and innovations in order to support a reduction in cases, with new actions added subsequently. The target was exceeded by 20 cases (total of 49 cases), 8 of which were deemed avoidable.

The C. difficile objective for 2014-2015 is 47 cases. Each case of C.difficile will be reviewed at Root Cause Analysis (RCA) to determine whether the case is linked with a lapse in the quality of care provided to patients (NHS England 2014). The types of issues which would result in the infection being considered to be associated with a lapse in care could be any case where there was evidence of transmission of C.difficile in hospital such as via ribotyping, indicating the same strain is involved, where there were breakdowns in cleaning or hand hygiene, or where there were problems identified with choice, duration or documentation of antibiotic prescribing. Precise definitions for “lapses of care” have just been agreed Kent wide with the CCGs.

Key Areas of Focus from July 2014

1. Reinforce C. difficile educational campaign messages included in the “10 Important Points for the Prevention of C. difficile: Achieving the C. difficile Target” emphasising, in particular, the need to submit stool specimens early i.e. within 72 hours when patients are admitted with diarrhoea, to avoid late detection resulting in pre 72hr cases becoming post 72hr cases.
2. Implementation of hydrogen peroxide vapour (HPV) for the high-level disinfection of isolation rooms / wards - six month pilot of a managed service (Deprox – Hygiene Solutions) and development of Business Case for long term use.
3. Enhanced focus on antimicrobial prescribing and audit

	Recently Introduced Actions	Date Implemented	By Whom
1	Ongoing RCAs for every C. difficile case, reported on Datix including prompt completion of actions and sharing Trust wide where appropriate	April 2013	IPCT
2	Root Cause Analysis to extend to Consultant PII (2 or more cases in 28 days including GDH antigen positive cases in Surgical Services)	April 2013	IPCT
3	C. difficile Policy review and sign off - Policy approved at the Infection Control Committee	January 2014 April 2014	IPCT
4	100 New commodes on order - 87 new commodes ordered	March 2013 March 2014	IPCT
5	Assurance of effectiveness of current systems to prevent C. difficile, i.e. toilet teams being managed correctly etc. Retraining of toilet teams by IPCT	April 2013	Hospital Manager
6	Business case for additional ward Pharmacists which will support the monitoring of antibiotic prescribing.	Approved July 2013	Marion Clayton, Divisional Director for Clinical Support Services Division
7	Increasing awareness and challenge by nurses regarding antibiotic prescribing, i.e. stop dates, no indication etc	24 th May 2013	Heads of Nursing
8	Communication and training for medical staff on antimicrobial prescribing – Grand Rounds, auditing of use by antimicrobial pharmacists, removal of certain antimicrobials from ward stock	Ongoing	DIPC
9	Reinforce communication of Trust Policy and new initiatives with ward nurse/support staff at site based meetings led by DDIPC and Deputy Lead Nurse – mandatory attendance by Ward Managers and Matrons	Completed April 2013 and November 2013	IPC Nurse Specialists/Deputy DIPC
10	Revised Diarrhoea Assessment Tool together with '10 Important Points for Achieving the C. difficile Target' signed off by all relevant nursing staff (10 Important Points were further revised September 2013 – attached)  10 key points C difficile target Sept 2013	April 2013	IPCT
11	Developing stickers and a stamp for affected patients' notes to act as a prompt for ward staff	May/June 2013	IPC Nurse Specialists
12	Ward disinfectant change to FUSE (Chlorine Dioxide), used routinely in wards commonly affected with C. difficile	Trust wide August 2013	Hospital Managers

	Recently Introduced Actions	Date Implemented	By Whom
13	Mandatory use of hand wipes before meals	Ongoing	Nutrition Matron
14	Ongoing education on C. difficile prevention and management for link practitioners	Ongoing at quarterly meetings	IPC Nurse Specialists
15	Extension of the use of Flexiseal (bowel management system) beyond ITU into the wards for the management of immobile patients with uncontrolled diarrhoea – to reduce environmental contamination for C. difficile cases	November 2013	IPCT
16	The development and implementation of the “Record of Stool Specimen Collection Sticker” to reduce any ambiguity as to whether stool specimens have been sent or not	October 2013	IPCT
17	Implementation of VitalPAC IPC Manager (electronic near patient monitoring system) which will alert the IPC Nurse Specialists to patients experiencing diarrhoea so that they can ensure appropriate management of cases	November 2013	IPCT
18	Revisit key actions for wards to implement regarding the prevention and management of C. difficile cases, with ward managers and matrons on each hospital site. This will be covered in an education session during October to further promote engagement at the point of care - Key actions for ward staff re-issued	November 2013 April 2014	DDIPC/Deputy Chief Nurse & Deputy Director Of Quality
19	Undertake a pilot of the use of hydrogen peroxide vapour systems utilising the products provided by the two market leaders	October 2013	DDIPC
20	Compliance data for the weekly commode audits will in future be collated using the Meridian system which will help improve compliance in undertaking this important audit	December 2013	DDIPC
21	Actions are been taken to ensure that the standard of ward cleaning is consistently high by: <ul style="list-style-type: none"> Promoting the Trust wide involvement of Matrons and Ward Managers in the National Cleaning Standards audits undertaken by Serco Reporting non compliance via the help desk Working with the Hospital Managers to ensure that robust contract cleaning remains a high priority 	October 2013	IPCT/Matrons/ Heads of Nursing

	New Actions/Innovations (January 2014)	Date Implemented	By Whom
1	An external review team led by Public Health England have been invited to undertake a review of systems in place to manage the reduction of Clostridium difficile	Held on 8 th January 2014 - awaiting Report	DIPC
2	Development of an "EKHUFT Alternative Stool Chart" to: <ul style="list-style-type: none"> Assist staff and patients with identifying "stool types" - to be used in conjunction with the Bristol Stool Chart – in progress 	February 2014	IPCT
3	Option appraisal has been conducted to identify the most suitable version of Hydrogen Peroxide Vapour (HPV) system to implement during the coming year. Hygiene solutions using the Deprox system has been chosen and will be piloted over the next 6 months beginning in August 2014. - Business case to be developed	Planned implementation - August	IPCT/Hospital Managers
	New Actions/Innovations (July 2014)	Date Implemented	By Whom
1	<ul style="list-style-type: none"> Reviewing current Trust antibiotic guidelines on intranet New Pocket Guide with changes to broad spectrum antibiotic usage (reducing Tazocin and Meropenem usage) Encourage use of narrow spectrum antibiotics such as Temocillin to treat urosepsis and intraabdominal sepsis instead of Tazocin and Meropenem Send a joint trust wide alert (ICD + Antimicrobial Stewardship lead) to all Clinicians regarding antibiotic prescribing issues Send monthly antibiotic consumption data with key messages to Divisional Leads for dissemination and actions Improve Penicillin allergy documentation on PAS system which should minimise unnecessary use of quinolones such as Ciproxin and Meropenem Educate new doctors starting in August with dedicated Antimicrobial prescribing sessions 		Antimicrobial Stewardship Group / Infection Control Doctor

Sue Roberts, Director Infection Prevention and Control (Interim)
(on behalf of the Infection Prevention and Control Team)

8th July 2014